



**State of California**  
**Secretary of State**  
**Bill Jones**

**FILED**

In the Office of the Secretary of State  
 of the State of California

NOV 20 2002

*Bill Jones*  
 BILL JONES, Secretary of State

**AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP**

A \$30.00 filing fee must accompany this form.  
**IMPORTANT**— Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 199523300003	2. NAME OF LIMITED PARTNERSHIP BLAI, L.P.
3. COMPLETE ONLY THE BOXES WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED, IF NECESSARY.	
A. LIMITED PARTNERSHIP NAME (END THE NAME WITH THE WORDS "LIMITED PARTNERSHIP" OR THE ABBREVIATION "L.P.")	
B. THE STREET ADDRESS OF THE PRINCIPAL OFFICE ADDRESS CITY STATE ZIP CODE	
C. THE STREET ADDRESS IN CALIFORNIA WHERE RECORDS ARE KEPT STREET ADDRESS CITY STATE CA ZIP CODE	
D. THE ADDRESS OF GENERAL PARTNER(S) NAME ADDRESS CITY STATE ZIP CODE	
E. NAME CHANGE OF A GENERAL PARTNER FROM: TO:	
F. GENERAL PARTNER(S) CESSATION	
G. GENERAL PARTNER ADDED NAME ADDRESS CITY STATE ZIP CODE	
H. THE PERSON(S) AUTHORIZED TO WIND UP AFFAIRS OF THE LIMITED PARTNERSHIP NAME ADDRESS CITY STATE ZIP CODE	
I. THE NAME OF THE AGENT FOR SERVICE OF PROCESS PARACORP INCORPORATED	
J. IF AN INDIVIDUAL, CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS ADDRESS CITY STATE CA ZIP CODE	
K. NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION AND CANCELLATION.	
L. OTHER MATTERS (ATTACH ADDITIONAL PAGES, IF NECESSARY)	
4. NUMBER OF PAGES ATTACHED (IF ANY)	
5. I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND CORRECT TO MY OWN KNOWLEDGE. I DECLARE THAT I AM THE PERSON WHO IS EXECUTING THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. BY: J.S.S.R., Inc., General Partner <i>Joseph E. Raphael</i> President Joseph E. Raphael 11/8/02 SIGNATURE POSITION OR TITLE PRINT NAME DATE SIGNATURE POSITION OR TITLE PRINT NAME DATE	